

**VERDE VALLEY
OCCUPATIONAL
MEDICINE**

Health
Compliance
Services

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Cottonwood, AZ 86326
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Fax: (928) 634-2841



MEDICAL EXAMINATION REPORT

_____ has been examined by _____ M.D. on _____
for _____.

As a result of the examination, he/she:

- Meets the medical and physical requirements for acceptance as a _____
- Does not meet medical and physical requirements for acceptance as a _____
- Copy of examination results included for review.

Reason for rejection:

Additional comments:

Physician Signature

Date